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N. Kenneth Burraston

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DATE: September 23, 2005

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TO: Commissioner for Patents

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14 NUMBER OF PAGES INCLUDING COVER SHEET

COMMENTS: Transmitted herewith is an Amendment, Transmittal Form, Fee Transmittal, and Credit Card Payment Form for:

App. No.: 09/753,310

Confirmation No.: 8359

Applicant: Eldridge et al

Filed: December 29, 2000

TC/A.U.: 3729

Examiner: Carl J. Arbes

Docket No.: P34D1-US

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NO. 075,124P. 2-00000

PTO/SB/21 (09-04)

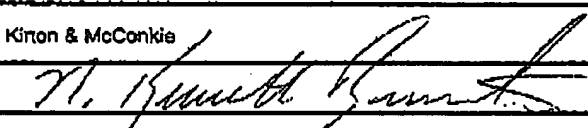
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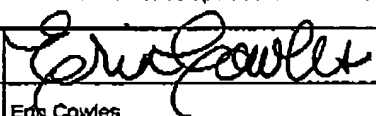
TRANSMITTAL FORM	Application Number	09/753,310	
	Filing Date	December 29, 2000	
	First Named Inventor	Eldridge et al	
	Art Unit	3729	
	Examiner Name	Carl J. Arbee	
(to be used for all correspondence after initial filing)		Attorney Docket Number	P34D1-US
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kirtton & McConkie		
Signature			
Printed name	N. Kenneth Burraston		
Date	September 23, 2005	Reg. No.	39,923

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Signature			
Typed or printed name	Eric Cowles	Date	September 23, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Erin Cowles

Ref. No.: 12439-0075

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/753,310 Confirmation No. 8359
Applicant : Eldridge et al.
Filed : December 29, 2000
TC/A.U. : 3729
Examiner : Carl J. Arbes

Docket No. : P34D1-US

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FEE TRANSMITTAL

To Whom It May Concern:

1. Total Fee Paid: \$400.00**2. Method of Payment:**

☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account

Account Number 500843
Account Name Kirton & McConkie

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
to the above-identified deposit account.

3. Fee For Extra Claims:

Extra Claims					Fee/Claim		Fee Paid
Total Claims	28	- 20*	=	8	x	50	= 400
Indp. Claims	3	- 3**	=	0	x	200	= 0
Multiple Dependent Claims					x	360	= 0

* 20 or highest number of total claims previously paid for.

** 3 or highest number of independent claims previously paid for.

Appl. No. 10/753,310

Fee Transmittal dated September 23, 2005

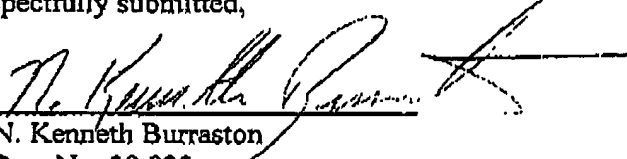
4. Additional Fees:

Fee Description	Fee Paid
Surcharge - late filing fee or oath (\$130)	
Extension of one month (\$120)	
Extension of two months (\$450)	
Extension of three months (\$1020)	
Extension of four months (\$1590)	
Extension of five months (\$2160)	
Notice of Appeal (\$500)	
Filing appeal brief (\$500)	
Request for oral hearing (\$1000)	
Submission of IDS (\$180)	
Record patent assignment (\$40)	
RCE (\$790)	
Fee for Terminal Disclaimer (\$130)	
Fee for extra claims (from above):	\$400
Other:	
Total:	\$400

Respectfully submitted,

Date: September 23, 2005

By


N. Kenneth Burraston
Reg. No. 39,923

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

To Whom It May Concern:

In response to the Office Action of June 23, 2005, the shortened statutory period for response to which ends after September 23, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the list of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

09/26/2005 MBINAS 00000028 09753310

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